

584

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 376

Place of Birth Catman County Mohave No. _____ St. _____
(Registration District)

SEX OF CHILD* male { Twin } and { Number }
Triplet or other? { 1st }
of birth

DATE OF BIRTH* July 25 1917
(Month) (Day) (Year)

FUL. NAME FATHER Edward Hale Hickie

FUL. NAME MOTHER Clara Blanche Potts

I HEREBY CERTIFY that the child described
herein has been named

Howard Dean Hickie
(Give name in full) (Surname)

Clara B. Hickie
(Parent's Signature)

(Signature of Physician or Midwife)

* See items to be entered by the local registrar before giving out this form.

10M Additional supplemental reports of birth may be obtained from the local registrar.
12-Bower Co.

45-725-349